



REGISTRATION FOR CATERING

TOWN OF WESTFORD
In accordance with the provisions of Chapter 94, Section 305A and Chapter III,
BOARD OF HEALTH
Section 5 of the Massachusetts General Laws;
TOWN HALL
and State Sanitary Code, 105 CMR 590.000
WESTFORD, MASSACHUSETTS 01886
Phone: 978-692-5509 Fax 978-399-2558

Name of Business: _____

Business Address: _____

Phone # _____

Name of owner (please print): _____

Location/Purpose of Catering Event: _____

Date of Event: _____ Time of Event: _____

Estimated number of meals to be served: _____

If applicable, commissary where meal is to be prepared: _____

How will food be transported? _____

How will food be stored during the event? _____

Type of service: China ☐ Paper ☐ Plastic ☐

Will handwashing facilities be available for employees? _____

Will gloves be used? _____ Will toilet facilities be available? _____

What type of sanitizing agent will be used and how will it be dispensed? _____

Proposed Menu: (you may attach a copy if necessary)

Date: _____ Signature: _____

This form must be mailed to the address above at least 7 days before the catered event.

Please attach a copy of your current permit from the town in which your business is located.